

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708402

FILED
Jan 16, 2008
Secretary of State

Entity Name: BRAILLE ASSOCIATION OF MID-FLORIDA, INC.

Current Principal Place of Business:

AUDUBON ELEMENTARY SCHOOL
1500 FALCON DR.
ORLANDO, FL 32803

New Principal Place of Business:

BRAILLE ASSOCIATION OF MID FLORIDA INC
1500 FALCON DR.
ORLANDO, FL 32803

Current Mailing Address:

AUDUBON ELEMENTARY SCHOOL
1500 FALCON DR.
ORLANDO, FL 32803

New Mailing Address:

BRAILLE ASSOCIATION OF MID FLORIDA INC
1500 FALCON DR.
ORLANDO, FL 32803

FEI Number: 23-7034023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, LORENZO M
522 SPRING OAKS BLVD
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BLACK, JOAN
Address: 1560 CROSSBEAM DR.
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: BRUNICK, KAROL
Address: 3602 DAVENTRY CT.
City-St-Zip: ORLANDO, FL 32707

Title: S () Delete
Name: CANONICO, REBECCA
Address: 535 GREEN SPRING CIR
City-St-Zip: WINTER SPRINGS, FL 32708

Title: T () Delete
Name: LOPEZ LORENZO,
Address: 522 SPRING OAKS BLVD
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: P () Delete
Name: JENSEN, ARLENE
Address: 6425 STREAMPORT DR
City-St-Zip: ORLANDO, FL 32822

Title: V () Delete
Name: MATTHEWS, TANYA
Address: 4830 NORWALK PLACE
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORENZO M LOPEZ

T

01/16/2008

Electronic Signature of Signing Officer or Director

Date